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PUBLIC OPINION SURVEY UNIT, RESEARCH CENTER
SCHOOL OF BUSINESS AND PUBLIC ADMINISTRATION
UNIVERSITY OF MISSOURI, COLUMBIA

Family Expenditure Survey

2. RECORD OF CALLS AT HOUSEHOLD

	A	B	C	D
DATE				
TIME OF CALL	AM PM	AM PM	AM PM	AM PM
RESULTS				

1A. Cluster Number: _____

B. Directory Page: _____

C. Census Tract: _____

D. Zipcode: _____

3. LENGTH OF INTERVIEW (in minutes) _____

4A. NON-INTERVIEW REASON

- (1) Not at home after 4 calls
- (2) Non-existent*
- (4) Vacant
- (5) Partial interview*
- (6) Refusal (try to get head's name)*
- (7) Other*

4B. *Explain _____

5A. Respondent's name _____

B. Address _____

BY OBSERVATION

6. Race of respondent

- (1) White
- (2) Negro
- (7) Other

7. Type of Living Quarters

- (1) Single-family unit
- (2) Multiple-dwelling unit
- (3) Room
- (7) Other (Specify) _____

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CATALOGING - PREP.

8A. Interviewer signature _____

8B. ID Number _____

9. What are the names of the people who have lived in this household during the last 30 days? Are each of these people still living here? (CHECK LIST AGAINST PAGE 2. ADD DATA ON ANY NEW PEOPLE, INCLUDING SHORT TERM VISITORS. INDICATE IN MARGIN REASONS FOR DEPARTURES. DESIGNATE SECOND WAVE RESPONDENT BY 2X, THIRD WAVE BY 3X, ETC.)

10. Place of residence?

- (1) Same as last interview (GO TO Q. 13)
- (5) Different from last interview (ASK Q. 11)

11. (IF PLACE OF RESIDENCE DIFFERENT) Do you rent or own here, or what?

- (1) Owns (ASK Q. 12)
- (5) Rents (GO TO Q. 13)
- (7) Other (SPECIFY) _____

(GO TO Q. 13)

(8) Don't Know (GO TO Q. 13)

12. A. (IF "OWNS" IN Q. 11) Do you have a mortgage or loan?

- (1) Yes (ASK Q. 12B)
- (5) No (GO TO Q. 13)
- (8) Don't Know (GO TO Q. 13)

B. (IF (1) IN Q. 12A) How much are your payments, and how often do you make them?

\$ _____ per _____ (PERIOD OF TIME)

13. A. Did you purchase any food stamps in the last 30 days?

- (1) Yes (ASK Q. 13B)
- (5) No (GO TO Q. 14)
- (8) Don't Know (GO TO Q. 14)

B. What did you pay for the stamps and what value did you receive?

Paid \$ _____ Value of stamps received \$ _____

EXPENDITURES:

14. These next questions are about your family spending. What did you spend yesterday, and what was it for? For each item, did you charge it or did you pay for it when you bought it? (RECORD ON NEXT PAGE. CONTINUE WITH DAY BEFORE YESTERDAY, ETC.)

-4-

Person's Name _____

First Day
(Yesterday)

(Day and Date)

Amount Spent	Purpose	Charged	Paid
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Second Day
(Day Before
Yesterday)

(Day and Date)

\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Third Day

(Day and Date)

\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Fourth Day

(Day and Date)

Amount Spent	Purpose	Charged	Paid
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Fifth Day

(Day and Date)

\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Sixth Day

(Day and Date)

\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Seventh Day

(Day and Date)

\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Person's Name _____

15. What did you spend during the last 30 days since (MONTH AND DATE)
Don't include the last seven days since you've already told me that.
(RECORD BELOW)

[illegible]

Person's Name _____

Information supplied by
(1) R (5) Person named

(GO TO THE NEXT ADULT IN THE HOUSE, SUCH AS SPOUSE, BROTHER OR SISTER. IF POSSIBLE INTERVIEW THAT PERSON. IF NOT, ASK R TO MAKE BEST ESTIMATES).

16. How much did you spend yesterday and what was it for? Did you charge it or pay for it? (RECORD BELOW. CONTINUE WITH DAY BEFORE YESTERDAY, ETC.)

First Day
Day
YESTERDAY _____
(Day and Date)

Amount Spent	Purpose	Charged	Paid
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Second Day
(DAY BEFORE YESTERDAY) _____
(Day and Date)

\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Third Day _____
(Day and Date)

\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Fourth Day _____
(Day and Date)

Amount Spent	Purpose	Charged	Paid
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Fifth Day _____
(Day and Date)

\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Sixth Day _____
(Day and Date)

\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Seventh Day _____
(Day and Date)

\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

17. What did you spend during the last 30 days since (MONTH AND DATE) _____
Don't include the last seven days since you've already told me that.
(RECORD BELOW)

[illegible]

(RETURN TO INTERVIEW WITH RESPONDENT)

18. Now I'd like to ask you about all other persons in the household. How much did they spend yesterday and what was it for? (RECORD FOR ALL OTHER PERSONS BELOW. CONTINUE WITH DAY BEFORE YESTERDAY, ETC.).

First Day
(YESTERDAY) _____
(Day and Date)

Amount Spent	Purpose	Charged	Paid
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Second Day
(DAY BEFORE YESTERDAY) _____
(Day and Date)

\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Third Day _____
(Day and Date)

\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Fourth Day _____
(Day and Date)

Amount Spent	Purpose	Charged	Paid
\$ _____	_____	(1)	(5)

\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Fifth Day _____
(Day and Date)

\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Sixth Day _____
(Day and Date)

\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Seventh Day _____
(Day and Date)

\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

(RECORD BELOW)

[illegible]

20. It is hard to remember all the things we spent money for. During the last 30 days did you spend any money that you haven't already mentioned for: (READ LIST. IF R RECALLS ADDITIONAL EXPENDITURES, RECORD ON APPROPRIATE WEEKLY OR MONTHLY SHEET).

- A. Food or beverages purchased in grocery stores?
- B. Snacks, meals or drinks away from home?
- C. Food at places other than grocery stores, such as milk delivery or bakeries?
- D. Tobacco?
- E. Beer, wine, liquor?
- F. Shoe repair, clothing cleaning or repair, or laundry expenses?
- G. Barbers or beauty operators, shoe shines or other personal services?
- H. Cosmetics, toothpaste, deodorants or other personal items?
- I. Recreation, such as toys, billiards, movies, pet items or bowling?
- J. Automobile or motorcycle expense such as gas, oil, licenses or repair?
- K. Buses, taxis, car pools or trains?
- L. Gifts to churches or other groups?
- M. Medicines, prescriptions and health care items?
- N. Clothing, shoes or sewing material?
- O. Furniture or small appliances for your house? House repair?
- P. Curtains, rugs or other furnishings for your house?
- Q. Doctors or dentists?
- R. Hospital or nursing home care?
- S. Eye examinations or eye glasses?
- T. Water and sewage?
- U. Garbage and trash collection?

- V. Electricity or gas for heating or cooking purposes?
 - W. Any other power, fuel or telephone bill for your house? Rent?
 - X. Motels, hotels, or traveling expenses?
 - Y. Alimony, or support of relatives, including children living outside the home, or other regular payments?
 - Z. Bills for door to door salesmen from whom you have bought something?
 - AA. Food stamps (SPECIFY CLEARLY THE AMOUNT SPENT FOR FOOD STAMPS, AS DISTINGUISHED FROM CASH SPENT FOR FOOD.)
 - BB. Reading materials or school supplies?
 - CC. Union dues, uniforms, tools or other things connected with a job?
 - DD. Things that the children bought with their allowances?
 - EE. Stationery, stamps for postage, and other miscellaneous expenses?
- 21A. (IF RESPONDENT HAS REGULAR PAYMENTS LISTED ON CARD 1) Last time you listed these payments that you have to make regularly. Let me make sure you have mentioned each of these, if you made a payment in the last 30 days. (SHOW CARD 3: RECORD PAYMENTS IN APPROPRIATE PLACES ON PAGES 4 THROUGH 9. IF PAYMENTS NOT MADE, OR IF ONLY PARTIAL PAYMENTS MADE, RECORD COMMENTS ON NEXT PAGE)
- B. Are there any other regular payments that you have to make that aren't on this list such as (READ FOLLOWING LIST SLOWLY) new things you bought on time, insurance on property, life insurance, automobile insurance, other kinds of insurance such as health insurance, taxes, auto licenses, medical or dental bills, funeral bills or other things? (RECORD ON NEXT PAGE) (GO TO Q. 23);
- 22A. (IF RESPONDENT DID NOT HAVE ANY REGULAR PAYMENTS LISTED ON CARD 1) Do you have any regular payments that you have to make for rent or things you bought on time, or money you owe or something like that?
- (1) Yes (ASK Q. 22B)
 - (5) No (GO TO Q. 23)
 - (8) Don't Know (GO TO Q. 23)
- B. Who do you make the payments to, what are they for, how much are they, and how often do you make them? (RECORD ON NEXT PAGE)

Family No. _____

CARD 1

(FOR USE WITH Q. 21)

Person or Firm Owed	Item	Amount of Payment	How Often Payments are Made	Comments
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

23A. (IF AT LEAST ONE PERSON IN HOUSEHOLD HAS A JOB IN LIST ON NEXT PAGE) Last time you mentioned these jobs that people in this household had. (READ LIST AND ASK FOR EACH) Did (he/she) work at this job at any time during the last 30 days? (IF NOT, ASK) Why didn't (he/she) work at this job? (RECORD RESPONSE ON NEXT PAGE)

B. Has anybody in the household worked at any other job during the last 30 days?

- (1) Yes (ASK Q. 23C)
- (5) No (GO TO Q. 25)
- (8) Don't Know (GO TO Q. 25)

C. Who is that? What kind of work does he/she do? (BE SPECIFIC) What kind of business or organization does he work for? What do they do or make? (RECORD ON NEXT PAGE)

24A. (IF NO PERSON HAS JOB LISTED ON NEXT PAGE) Did any person in this household have a job or do any work for pay during the last 30 days?

- (1) Yes (ASK Q. 24B)
- (5) No (GO TO Q. 26)
- (8) Don't Know (GO TO Q. 26)

B. Who is that? What kind of work does (he/she) do? (BE SPECIFIC) What kind of business or organization does (he/she) work for? What do they do or make (RECORD ON NEXT PAGE)

Job No.	Person	Job (BE SPECIFIC) (Kind of Work)	Kind of Business or Organization	Still have			Why Doesn't Have Job
				Y	N	DK	
1	_____	_____	_____	(1)	(5)	(8)	_____
		_____	_____				_____
2	_____	_____	_____	(1)	(5)	(8)	_____
		_____	_____				_____
3	_____	_____	_____	(1)	(5)	(8)	_____
		_____	_____				_____

25. ASK FOR EACH JOB HELD BY PERSONS IN HOUSEHOLD

- When was (his/her) last pay day (IF PERSON IS PAID ON A DAILY OR IRREGULAR BASIS, RECORD TOTAL AMOUNT FOR LAST 30 DAYS UNDER "LAST PAYDAY.")
- What was the total amount that (he/she) was paid before deductions, such as taxes, Social Security, and insurance?
- What deductions, such as insurance, taxes, Social Security, union dues, credit union payments and savings plans were made and how much were they?
- What was (his/her) take home pay? (REPEAT FOR EACH PAYDAY IN THE LAST 30 DAYS, THEN GO TO Q. 26)

Job No. _____	Last Payday	Next to Last Payday	3rd Payday	4th Payday in last 30 days
Date	_____	_____	_____	_____
Total before deductions	\$ _____	\$ _____	\$ _____	\$ _____
Deductions (RECORD)				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Take home pay	\$ _____	\$ _____	\$ _____	\$ _____

Job No. _____	<u>Last Payday</u>	<u>Next to last Payday</u>	<u>3rd Payday</u>	<u>4th payday in last 30 days</u>
Date _____	_____	_____	_____	_____
Total before deductions	\$ _____	\$ _____	\$ _____	\$ _____
Deductions (RECORD)				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Take home pay	\$ _____	\$ _____	\$ _____	\$ _____

Job No. _____	<u>Last Payday</u>	<u>Next to last Payday</u>	<u>3rd Payday</u>	<u>4th payday in last 30 days</u>
Date _____	_____	_____	_____	_____
Total before deductions	\$ _____	\$ _____	\$ _____	\$ _____
Deductions (RECORD)				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Take home pay	\$ _____	\$ _____	\$ _____	\$ _____

26. Did your family get any income during the past thirty days from each of these, and how much was that?

<u>Income Source</u>				<u>Amount Received Last 30 Days</u>	<u>Date Received</u>
WELFARE PAYMENTS:					
	Yes	No	Dk		
A. Public welfare, such as Aid to Dependent Children, aid to blind, etc.	(1)	(5)	(8)	_____	_____
B. Private agency aid	(1)	(5)	(8)	_____	_____
LEGAL ARRANGEMENTS:					
C. Child support payments	(1)	(5)	(8)	_____	_____
D. Alimony or equivalent	(1)	(5)	(8)	_____	_____
SOCIAL SECURITY:					
E. Social Security retire- ment benefits	(1)	(5)	(8)	_____	_____
F. Social Security survivor's benefits	(1)	(5)	(8)	_____	_____
G. Social Security disability benefits	(1)	(5)	(8)	_____	_____
BENEFITS RELATED TO JOB:					
H. Workmen's compensation	(1)	(5)	(8)	_____	_____
I. Disability insurance	(1)	(5)	(8)	_____	_____
J. Unemployment insurance (include supplementary unemployment benefits --if paid by company)	(1)	(5)	(8)	_____	_____
K. Company-provided retirement benefits	(1)	(5)	(8)	_____	_____
EARNED INCOME:					
L. Roomers and/or boarders	(1)	(5)	(8)	_____	_____
M. Sale of homemade products	(1)	(5)	(8)	_____	_____
N. Bonus, commission	(1)	(5)	(8)	_____	_____
O. Income tax refund	(1)	(5)	(8)	_____	_____
P. Profit from own business	(1)	(5)	(8)	_____	_____

26. (continued)

	Yes	NO	DK	<u>Amount Received</u> <u>Last 30 days</u>	<u>Date</u> <u>Received</u>
RETURNS FROM INVESTMENTS:					
Q. Rents received from property	(1)	(5)	(8)	_____	_____
R. Interest, dividends, annuities or trusts	(1)	(5)	(8)	_____	_____
ARMED SERVICE BENEFITS:					
S. Serviceman's pay or family allotment	(1)	(5)	(8)	_____	_____
T. Pension, disability or retirement	(1)	(5)	(8)	_____	_____
GIFTS AND INHERITANCES:					
U. Money gifts, prizes, windfalls (A sudden or unexpected gain)	(1)	(5)	(8)	_____	_____
V. Money inherited	(1)	(5)	(8)	_____	_____
W. Life insurance benefits (lump sum only)	(1)	(5)	(8)	_____	_____

27. A. Did your family have any other sources of income during the past thirty days that we haven't mentioned?

- (1) Yes (ASK Q. 27B)
 (5) No (GO TO Q. 28)
 (8) Don't Know (GO TO Q. 28)

B. (IF "YES" TO Q. 27A) What were they and how much income did you receive from each?

<u>Source</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

28. A. During the last 30 days have you borrowed any money or taken out any loans from relatives, life insurance or banks which you haven't mentioned?

- (1) Yes (ASK Q. 28B)
 (5) No (GO TO Q. 29)
 (8) Don't Know (GO TO Q. 29)

28. (Continued)

B. (IF "YES" TO Q. 28A) How much money did you borrow during the last 30 days and from whom?

<u>Source</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

29. A. Did you sell or pawn any possessions during the last 30 days?

- (1) Yes (ASK Q. 29B)
- (5) No (GO TO Q. 30)
- (8) Don't Know (GO TO Q. 30)

B. (IF "YES" TO Q. 29A) What did you sell or pawn and what amount did you receive for it?

<u>Item</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

30. A. Did you take any money out of savings during the last thirty days?

- (1) Yes (ASK Q. 30B)
- (5) No (GO TO Q. 31)
- (8) Don't Know (GO TO Q. 31)

B. (IF "YES" TO Q. 30A) What withdrawals did you make?

<u>Source</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

32. A. Are you or anyone in this household under the Medicaid program?

- (1) Yes (ASK Q. 32B)
- (5) No (GO TO Q. 33)
- (8) Don't know (GO TO Q. 33)

B. Did you or anyone in this household receive any medical care under Medicaid during the last 30 days?

- (1) Yes (ASK Q. 32C)
- (5) No (GO TO Q. 33)
- (8) Don't know (GO TO Q. 33)

C. What sort of medical care was received under the Medicaid program, that is, was it an office visit to a doctor, an operation or what?

That completes the interview. Thank you very much for your cooperation.

INTERVIEWER EVALUATIONS

11. Cooperativeness of respondent toward the interview

- (1) Cooperative, interested
- (3) Neutral
- (5) Antagonistic, negative

12. Accuracy and completeness of information

- (1) Accurate and very complete
- (3) Reasonably accurate and complete
- (5) Somewhat inaccurate or incomplete, information withheld or forgotten.

31. (CALCULATE FAMILY EXPENDITURES AND INCOME)

Expenditures

Respondent's 7 day total _____

Respondent's 23 day total _____

2nd Adult's 7 day total _____

2nd Adult's 23 day total _____

All other's 7 day total _____

All other's 23 day total _____

Grand Total _____

Income

Job #1 30 day take home pay _____

Job #2 30 day take home pay _____

Job #3 30 day take home pay _____

Total Income listed on page 15 _____

Total Income listed on page 16 _____

Total Receipts listed on page 17 _____

Grand Total _____

(IF TOTAL EXPENDITURES ARE NOT WITHIN 10 PERCENT OF TOTAL INCOME, ASK RESPONDENT) The total income figures for the month are different from the total that you spent. Do you know why they are different? (IF NECESSARY, REVIEW FIGURES)
